## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

population or Docket Number 10/500294

-		CLAIMS	AS FILE	D - PART I		· · · · · · · · · · · · · · · · · · ·						
		•		(Column 1) (Colum				SMALL ENTITY TYPE			OTI SMA	HER THAI
	TOTAL CLAIN	ИS					lr	RATE	FE	<del></del>	RAT	
1	FOR		NUMB	NUMBER FILED N		NUMBER EXTRA		BASIC FEE			BASIC	
	TOTAL CHARG	SEABLE CLAIMS	8	minus 20=	•			XS 9=			X\$18	
11	NDEPENDENT	CLAIMS	7	7 minus 3 = - 4			X43=		-		/`` <u> </u>	
N	IULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT  less than zero, enter "0" in column 2			+145=		<del></del>	$\dashv^{c}$	X86	= 34
•	If the differen	ce in column 1	is less than							_ 0	R -290	= 291
						.01011111 2	Т	OTAL		0	R TOTA	r 17/6
		(Column 1		MENDED - PART II (Column 2) (Column 3)			SMALL ENTITY			. Ot		ER THAN L ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	A	ATE	ADDI- TIONA FEE		RATE	ADDI TIONA FEE
Š	Total	•	Minus	**		=	×	S 9=	1	OF	XS18=	
	Independent	•	Minus	***		= .	-	43=		7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
٠ -	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_			OF	700=	
	*			•				45=		OR	L	
								TOTAL T. FEE	L	OR	ADDIT. FE	E
_		(Column 1) CLAIMS	1	(Column HIGHEST		Column 3)			4001	7		1
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL _FEE		RATE	ADDI- TIONAL FEE
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-	Independent	-	Minus	***		=	X4	3=		OR.	X86=	1
_!	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT CL	AIM		+14	5-		1	+290=	<del>                                     </del>
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		(Column:1) ··	TO T THE LIBERT TO	(Column 2	21· ************************************	Column 3)	ADDIT.	FEE <b>L</b>		Į.On	ADDIT. FEE	:L
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESENT EXTRA	RAT		ADDI- IONAL		RATE	ADDI- TIONAL
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ī	ndependent	*	Minus	***	=					OR	X\$18=	<u> </u>
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43	=		ÖR	X86=	
		•				- <del></del>	+145	=	],	OR	+290=	
ii t ii t	he "Highest Num he "Highest Num	in 1 is less than the iber Previously Pai iber Previously Paid	d For" IN THIS d For" IN THIS	S SPACE is less S SPACE is less	than 20	), enter *20.* enter *3 *	, TO	EE L			TOTAL DDIT. FEE	
		er Previously Paid	FOI (1013) Or	independent) is	ine higi	nest number for	in the	appro	priate box	ın colu	mn 1,	
u	10.675 -227 10/0	00:				Pat	ent and Tr	ademar	k C.	•		TICE